

CERTIFIED COPY OF DEATH CERTIFICATE

15-5-4-64

WASHINGTON STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS
REG. DIST NO.

CERTIFICATE OF DEATH

STATE FILE NO. 837
REGISTRAR'S NO. 333

1. PLACE OF DEATH a. COUNTY King		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE Washington b. COUNTY King	
b. CITY, TOWN, OR LOCATION Enumclaw		c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL OR INSTITUTION Bethesda Manor N.H.		e. CITY, TOWN, OR LOCATION Enumclaw	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 1120 Cole St.	
3. NAME OF DECEASED (Type or print) Sarah Elizabeth Erwin		e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. SEX F.	5. COLOR OR RACE White	6. DATE OF BIRTH 9/6/1886	4. DATE OF DEATH May 13, 1964
7. Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>		8. AGE (In years last birthday) 77	
9. INDUSTRY Clerk Owner		10. KIND OF BUSINESS OR INDUSTRY Grocery Store	
11. BIRTHPLACE (State or foreign country) Deer Creek, Minn		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Leslie Close		14. MOTHER'S MAIDEN NAME Adella Stevens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Jim Erwin		Address Rt. 1 Box 16 Enumclaw, Wn.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Vascular Accident</i>			
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Arteriosclerosis</i>	
		DUE TO (c) <i>Cancer area of L. Breast-Metastosis</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. <input type="checkbox"/> p. m. <input type="checkbox"/>			
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <i>May 12, 1964</i> to <i>May 19, 1964</i> and last saw her alive on <i>May 13, 1964</i> Death occurred at <i>9:45 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE <i>L. W. Meindan</i> (Degree or title) M.D.		22b. ADDRESS Enumclaw, Washington	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/16/64	
23c. NAME OF CEMETERY OR CREMATORIUM Enumclaw Cemetery		23d. LOCATION (City, town, or county) (State) Enumclaw, Washington	
24. FUNERAL DIRECTOR Thos. C. Hansen		25. DATE REC'D BY LOCAL REG. 5-15-64	
ADDRESS Enumclaw, Wn.		26. REGISTRAR'S SIGNATURE <i>Katherine A. Larson</i>	